PLEASE PRINT OR TYPE
M-59a Rev 08/14

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

_____GRAND LIST

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY
FILING PERIOD FEB. 1 – OCT. 1

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO. - -
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES SOCIAL SECURITY NO. - -

3. PROPERTY LOCATION (No. and Street) | CITY OR TOWN | STATE | ZIP CODE

MAILING ADDRESS (If different from above) | TELEPHONE NO.

4. MARITAL STATUS : ☐ MARRIED ☐ UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM.

a. GROSS INCOME – Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income Plus any other income and attach a copy of the return to this application. a. $_____.___

b. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds b. $_____.___

c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – (GROSS AMOUNT) *Exclude only if 100% disabled by the United States Department of Veterans Affairs.* c. $_____.___

d. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above. d. $_____.___

e. TOTAL Add lines 5a through 5d e. $_____.___

6. Are you presently receiving a 100% disability rating from the U.S. Dept. of Veterans Affairs? ☐ Yes ☐ No

7. APPLICANT'S AFFIDAVIT	The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT
X

Date signed (Mo, Day, Yr)
_____/_____/_____

STOP ! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ("A" Code):
Amount $ _____

9. ADDITIONAL EXEMPTION ALLOWED ("B" Code):
(If less than full additional exemption used, NOTE FULL EXEMPTION here $ _____) $ _____

10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION
(If less than full additional exemption used, NOTE FULL EXEMPTION HERE $ _____) $ _____

11. EXEMPTION APPLIED TO: ☐ Real Estate ☐ Motor Vehicle ☐ Personal Property ☐ Supplemental Motor Vehicles

12. ASSESSOR'S AFFIDAVIT	___ - I am satisfied that the above named applicant meets all the necessary statutory requirements ___ - This claim is disallowed for the following reason: _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (Mo.,Day,Yr.)
_____/_____/_____